

Name



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office:

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

JOSEPH C. YE	RKY	, 🔲 House	☑ Senate
Mailing address 237 GROVE	St.	District #	= 32
City, zip code BANGOR,	ME 044	942 Phone	5585
	E DERIVED FROM EMPLOYI		
List the name and address of each employer from economic activity of each employer.	n whom you received compensa	tion of \$1,000 or more. Specify th	e principal type of
Name of Employer	Address		pe of Economic of Employer
STATE OF MAINTE	3 STATE HOUSE S AUGUSTA, ME O		
	nicht den der		and the second of the second s
		от предости в постоя на предости на пр	NAMES AND
(For	OME DERIVED FROM SELF- Legislators who are self-empl	oyed.)	
 A. List the name and address of your business, if associated with a partnership, firm, professional a entity. 	any, and list the major areas of ssociation, or similar business e	economic activity from which you on tity, list the major areas of econo	derived income. If mic activity of that
Name and Address of Business Entity	Major Areas of Eco (self	onomic Activity (partnership, as	is of Economic ctivity sociation or similar ess entity)
Name: Joe Perry Address: 237 Grove St.	Real ESTAT	PETULS	ит
Name: Address:		Sole Pro	pietorship

PART 2 (continued). INCOME DERIVED FR	OM SELE-EMPLOYN	IFNT .
(For Legislators who are self-en	nployed.)	
B. List each source of income derived from self-employment that represents me greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	rson from whom you de	rived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	Andrew problems (A)	
Address:	gggggggggggggggggggggggggggggggggggggg	oo
Name:	es es sendinilis.	
Address:		
PART 2 MAIOR AREAS OF	DRACTICE	
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-	at-law only.)	
List your major areas of practice. If associated with a law firm, list the major area	as of practice of your firm Major Areas of Pract	
Name and Address of Firm	(self)	(firm)
Name:		composition of the composition o
Address:		**************************************
Name:	CONTROL	mendentilakka kalikaten mengebana kalikaten kalikat kalikat kencilaran salambar da da da Sara Sara Sara Sara Sa
Address:		WATER BELLEVAL AND THE STATE OF

PART 4. OTHER SOURCES O	DF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this	form. Do not include gift	s. If none, check the box.
None	од не в при на прин	\$
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:		
Address:	- - -	
Name:	A THE THE PARTY OF	400/400/4934004884094440044094934400409944400409440440040040440040044004400440044004400400400400400040004000400
Address:	Saldellinorm	
	ž	
PART 5. REPORTABLE LIA	BILITIES	eseguiationessa de la company de la company. De la company de la compan
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loans	ou received during the restroy a relative. If none	eporting period, and list the major , check the box.
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	malia spressore	
Address:	b Pitatamaan	
Name:		\$
Address:	st teaming of the	

PART 6.	REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Inclunone, check the box.	ude gifts with an aggregate	value of more	than \$300 from a single source. If
☐ None	An ann an taon an ann an tao an taonn an ann ann ann an ann an an an an an	унаруджинд түрүүн байтуу тайын айын айын айын айын айын айын айын	and the first and the first short groups of the first short short short short short short short short short show the first short sha
Name of Source of Gift		Name of S	Source of Gift
1 BYRON & MANY PERRY	3.		
2.	4.	witanthinghi fi hilihalani e ee malaa haraa ka k	TYTTETER BOOK ON THE STATE OF T
	PORTABLE HONORAR	denikoski portamist	
List the source of any honoraria accepted for appearances or	speeches related to your leg	gislative respon	nsibilities. If none, check the box.
None Name of Source of Honoraria	-truncolation and the high scales particularly behavior and particular blad at the explanation of the state of the high scales particular the state of the state	Najaiggi aydigigga) isogal montol magyil buyayyilmi la	to make the second of the seco
Name of Source of Honoraria		Name or Sou	rce of Honoraria
		ATESTATION AND A LIVETON PLANESSE TWO SHOWED AND CANAL	and analysis of the State of th
2.	4.		
PART 8. REPRESENT	ATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you represe box.	ented or assisted others for	compensation	of any amount. If none, check the
☐ None	A STATE OF THE STA	т Начината проделения приняти пр	residence (CMAN Court Schwarzer er or
Name of Agency		Name (of Agency
1.	3.	MANUSE OF STREET	nethyl filiadolus (Imball) (I. (II) (Industrial Malliston common organistic management production of the state of the stat
2.	embuna an uniq v versissificio distribusio della distribusio della distribusio di unique di unique di unique d 		menende production for the first that think had been declared and the community program (it split is likely been block to be a label to be a community program (it split is likely been block to be a community program (it sp
PART 9. BUSIN	ESS WITH STATE AGEN	NCIES	
List each executive branch agency to which you or a membe \$1,000 during the reporting period. If none, check the box.	er of your immediate family	sold goods or	services with a value in excess of
None	the contribution of the co	Miles of the state	3000ではパラスは1000でできたができます。これでは、おうとも数では最終しているからは2000では、これでいるからないが、最近の1000では、2000では、 1000では、1000では、1000では、1000では、1000では、1000では、1000では、1000では、1000では、1000では、1000では、1000では、1000では、1000では、1000では、1000では
Name of Agency	ole and entitle problems to a dependent of the second of t	Name o	of Agency
1.	3.	ASCERNOS	TOTAL COMMON TO THE COMPANY CONTRACTOR OF THE CO
2.	4.	Versitätileri valatikkus vietensilys käletään erikuttanna mustian mus	
PART 40 INCOME DECEIVE			
PART 10. INCOME RECEIVE			
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not in	of income represented. If y	received by y your spouse or	our spouse or domestic partner or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name: JANE M. PERRY	1. Rescuir_ 2.	Spouse or Domestic	1. Employment 2.
Job Title: assistant grockery Monager	3.	Partner	3.
		Dependent Child	N/A
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.	эмерт об оборожно проводения в населения в	Dependent Child	
activity and the kind of specific.		Dependent Child	

None						
disendent periodicipal (periodicipal (period	Organization/Bus	siness		Position Held	Family Member's	Compen-
tentettette nettan kittette politiciskon tegaton optivative etigaton t	and Address		Title	By:		sated?
······································						
						MINMOONUM AND A COLUMN
			SIGNATURE			
			and the second policy of the second			
Legislator who	willfully falls to fi	ie a required s	statement is subject to a f	ine of up to \$100. (1	M.R.S.A. § 1017-A)	
Joseph C. Yorn Signature			02-17-2010 Date			
<i>f J</i>		- //				
\mathcal{U}						
		<u>/</u>	ADDITIONAL INFORMA	ATION		
he information			ADDITIONAL INFORM/ w (and on additional shee	ATION		n number fo
e information art/Section	any additional inf			ATION		n number fo
e information art/Section	any additional inf			ATION		n number f
ne information art/Section	any additional inf			ATION		n number fo
ne information art/Section	any additional inf			ATION		n number fo
ne information art/Section	any additional inf			ATION		n number fo
ne information lart/Section	any additional inf			ATION		n number fo
ne information art/Section umber	any additional info you are providing			ATION ets if needed). Indica	ate the part or sectio	neagh franke greg for ea Eugers phree junche his pe
ne information art/Section	any additional info you are providing			ATION ets if needed). Indica		neagh franke greg for ea Eugers phree junche his pe
ne information art/Section umber	any additional info you are providing			ation ets if needed). Indica	ate the part or sectio	mang haji mahanggagara gagagara pengangan kebalan
ne information Part/Section lumber	any additional info you are providing			ation ets if needed). Indica	ate the part or section	mang hiji amahang pigarang perang perang Perang perang
ne information art/Section umber	any additional info you are providing			ation ets if needed). Indica	ate the part or section	mang haji mahanggagara gagagara pengangan kebalan
ne information art/Section umber	any additional info you are providing			ation ets if needed). Indica	ate the part or section	manghul mahanggi geraku gerak pencusus kahili da Barungan dan pencusus kanangan dan pencusus kanangan dan pencusus kanangan dan pencusus kanangan dan pencusus
he information Part/Section Number	any additional info you are providing			ation ets if needed). Indica	ate the part or section	mang hid aran harag tig mang jugan permang panahan Tanggar pengangan pen

PART 11. OFFICER OR DIRECTOR POSITIONS